

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023175
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

479

FILED JUL 15 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Bourne</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Columbia, Mo.</u>		c. CITY OR TOWN <u>Sedalia, Mo.</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital; give location) HOSPITAL OR INSTITUTION <u>University Med. Center</u>		d. STREET ADDRESS <u>200 S. Washington</u>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Bra</u> Middle <u>Carter</u> Last <u>Carter</u>		4. DATE OF DEATH Month <u>7</u> Day <u>11</u> Year <u>63</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>June 21, 1902</u>
9. AGE (last birthday) <u>61</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Quarry Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stone Quarry</u>
11. BIRTHPLACE (City and state or country) <u>Salem, Ark.</u>		12. CITIZENSHIP OF WHAT COUNTRY <u>United States</u>	
13a. FATHER'S NAME <u>M.C. Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Goodwin</u>	
14. NAME OF HUSBAND OR WIFE <u>Thelma Carter</u>		17. INFORMANT Address <u>University Med. Center med. Records</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>RENAL FAILURE</u> DUE TO (b) <u>PERITONITIS</u> DUE TO (c) <u>POST OP FOR CARCINOMA PANCREAS</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>3:00</u> a.m. <u>PM</u> Month, Day, Year <u>6-22-63</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <u>Pettis</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>6-22-63</u> to <u>7-11-63</u> and last saw her alive on <u>7-11-63</u> Death occurred at <u>3:00 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Lyman Sprinkle, M.D.</u>		22b. ADDRESS <u>Univ Med Center Columbia</u>	
22c. DATE SIGNED <u>7/11/63</u>		23a. NAME OF CEMETERY OR CREMATORY <u>Thayer Cemetery</u>	
23b. LOCATION (City, town, or county) <u>Thayer, Missouri</u>		23c. DATE RECD. BY LOCAL REG. <u>July 12 1963</u>	
23d. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>		24. FUNERAL DIRECTOR ADDRESS <u>Lyman Sprinkle Columbia, Mo.</u>	

USE BLACK INK

OR
TYPEWRITER RIBBON

AUG 22 1963

FEB 7 1964

JUL 19 1963

1007
-8000

STATEMENT BY LICENSED EMBALMER

0-8

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Richard A. Leever

Licensed Embalmer No.

5109

P. O. Address

Columbia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.